"NEEDY BLIND" OF CALIFORNIA—FURTHER COMMENTS

On page 128 of August and page 212 of the September issues of CALIFORNIA AND WESTERN MEDICINE were printed some comments on the manner in which California was determining who were entitled to public funds because of belonging to the group of the "needy blind." The editor sent a copy of the August CALIFORNIA AND WESTERN MEDICINE to Dr. Edward Jackson of Denver, who among American ophthalmologists is held in highest regard and looked upon as the dean of their specialty. For his reply, see page 285 in this issue.

The medical report blank for blindness which Doctor Jackson was instrumental in having the State of Colorado adopt is markedly different from the somewhat loose and indefinite form put out by the Division of the Blind of the Department of Public Welfare of the State of California. It is hoped that the California Division of the Blind will write to other states which make provision for the care of the blind, secure copies of their report blanks, and then, in coöperation with representatives of the medical profession who are ophthalmologists, decide upon a new blank that will better safeguard the interests of the really blind, the taxpayers, and all others who may be concerned.

A comparison of procedures in vogue in other states does not make to the advantage of California. Ours should be as good as the best, rather than but little better than the worst.

ARGUMENTS AGAINST THE CHIROPRACTIC AND NATUROPATHIC INITIATIVES

In the Miscellany Department of this issue, page 285, arguments against the Chiropractic and Naturopathic initiatives are printed, as taken from the booklet sent to all registered voters by the Secretary of State of California.

Do not fail to read the same.

EDITORIAL COMMENT*

ACUTE SUBDELTOID OR SUBACROMIAL BURSITIS—A SUGGESTION

In Dean Lewis's "Practice of Surgery," Vol. 2, Chap. 5, p. 203, one will find an excellent discussion of the clinical features of acute and chronic bursitis in the shoulder-joint, with particular reference to the subdeltoid or subacromial bursae; and, therefore, no further remarks are needed as to the signs or symptoms that would lead to a diagnosis.

In regard to treatment, however, in practically all textbooks and articles on this subject, hot compresses, diathermy, salicylates, and rest have been advocated—which entail a period of disability ranging from two to four weeks.

A method that we have not seen described previously—which has been extremely useful in treating patients with this condition in our office—consists of multiple punctures of the bursa. This method is an extremely simple one, and in a number of our patients has given immediate relief.

The technique consists of inserting a 20-gauge needle, mounted on a 5 cubic centimeter syringe, containing 1 or 2 cubic centimeters of 1 per cent novocain, into the bursa itself, injecting the novocain as the needle is being inserted. A little suction on the plunger of the syringe will often evacuate some clear yellow fluid, always sterile and occasionally containing leukocytes. The needle is inserted into the bursa through the single skin puncture in some ten or twelve different directions in order to thoroughly puncture the wall of the bursa; following which the needle is withdrawn.

We have had a number of patients, either with or without calcified bodies in the bursa itself, who have experienced immediate relief after this treatment, and have required no further subsequent treatment; nor was it necessary to put the arm in a sling.

We consider that the presence or absence of x-ray shadows about the shoulder is of very little significance in the diagnosis of a bursitis.

In view of the striking results obtained by this very simple procedure, it is certainly a method of first choice. The saving of time and expense to the patient is obvious.

384 Post Street.

ALANSON WEEKS,
G. D. DELPRAT,
San Francisco.

CRYPTIC AND SYNERGISTIC MICROBIC INFECTIONS

In 1918, it was noted in many regions of the Middle West that both man and hogs were suffering from "influenza." In swine the disease was characterized by sudden onset, fever, extreme prostration, and abdominal breathing. The duration of the acute prostration usually varied from two to six days, the mortality from 1 to 4 per cent. Autopsies in fatal cases usually showed an edematous bronchopneumonia. Subsequent inoculation experiments showed that this "hog flu" can be transmitted to healthy swine by the intranasal instillation of infected mucus, or infected pulmonary juices.

Various bacteria have been isolated from such infectious materials, the most common being an influenza-like bacillus found in about 95 per cent of all cases.[1] Attempts to reproduce swine influenza by intranasal instillation of pure cultures of this bacillus, however, have been almost invariably negative. The bacillus is apparently nonpathogenic.

Doctor Shope[2] of the Rockefeller Institute, therefore, turned his attention to the possibility that "hog flu" is caused by a filterable virus. Intranasal instillation of Berkefeld filtrates from demonstrably infectious materials, however, almost invariably produced no very appreciable symptoms. The hogs were often somewhat less active than normal for two or three days after adminis-

* This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comment by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California and Nevada Medical Associations to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

tration of the filtrate, and at times showed some loss of appetite. There was never a fever, however, and no prostration. The filtrates, though slightly toxic, were practically non-pathogenic.

On intranasal instillation of a mixture of the influenza-like bacillus and the filtrate, however, typical prostration and fever are produced, with a mortality of about 10 per cent. Since the filtrate contains an apparently self-propagating transmissible agent, Doctor Shope was forced to the conclusion that this is a true composite infection, a "synergism" [3] between a bacterium and a filterable virus.

Doctor Shope's conclusion is of basic clinical interest, since somewhat similar "bivalent" or "synergistic" etiologies have been suggested though not yet proved for scarlet fever, whooping-cough, human influenza, and "malignant diphtheria." The latest suggestion along this line is that infantile paralysis is a "duplex" infectious disease; a neurotropic virus "accelerated" by certain toxin-producing enteric micro-organisms.[4]

Doctor Shope found that the immunity acquired, as a result of a natural or artificial infection with "hog flu," is apparently not bivalent but monovalent in character. Vaccination with the bacillus alone produces no symptoms and confers no immunity. Carrier conditions may be established. Vaccination with the filtrate alone, while producing no very apparent symptoms, leads to effective humoral immunity.

In its practical epidemiology, the simultaneous transfer of both bacillus and virus to a healthy herd produces a typical epidemic, often prostrating 100 per cent of the herd. Fortuitous transfer of the virus alone, or of the virus associated with a non-coöperating type of the "hog flu" bacillus, may cause a cryptic epidemic with no apparent symptoms. This cryptic infection, however, leads to an effective immunity. Accidental recombination of virus and suitable bacillus during such an unrecognized epidemic, however, may cause the spontaneous appearance of prostrating symptoms in an apparently healthy herd.

Stanford University.

W. H. MANWARING,
Palo Alto.

THE PHYSICIAN AS A CITIZEN

The proper attitude of the physician toward the duties and responsibilities of citizenship is a many-sided question. Is there any sufficient reason why he should be considered, or consider himself, in a class separate from other men with reference to the obligations of organized society? Certainly not. Yet something may be said in defense of the course he has so long followed, and for which he is so often criticized and condemned.

The word duty is as big and sacred to the physician as to any other man. But his interpretation of it may be, in the nature of things often must be, gauged by a different standard. No other class of men, for instance, is the recipient of the intimate confidences of individual and family life which constitute a part of the physician's daily routine. Health, happiness, life itself, lie at the heart of the issues that make up the sum of his professional existence. There is some reason why the problems which seem to him most important should be those relating to his "cases," rather than to society in general. And from the standpoint of those "cases" this is as it should be. It is perfectly natural that the public should regard with misgiving any physician who concerns himself unduly with politics, sport, or similar pursuits.

But no line of argument can establish the claim that the physician's whole field of vision should be contracted to the work by which he earns his daily bread. He lives under the protection of law and participates in the advantages of a highly developed social system, and solemn obligations to nation, state, and community are due from him as from other men. The position can not be sustained that the medical man is justified in an attitude of evasion and aloofness by which his neighbor must bear a double burden, or the general welfare suffer. Such an attitude can not fail to be a factor in the perversion of law and the demoralization of politics.

It is specious reasoning for the physician to plead the exactions of his practice as an excuse for failure to exercise his suffrage, or to exhibit a becoming concern in the administration of public affairs. The lawyer is engaged with his clientele, the pastor with his flock, the merchant with the details of his business; yet to none of these can it be justly imputed that he habitually ignores the call of civic duty.

Admittedly, the fundamental condition of all social and material prosperity is the health and vigor of the people. The problems of disease in large measure have been solved—in theory at least. But human beings continue to suffer and die from causes that can be and should be controlled.

At the present time, especially, wise counsel and forceful direction are required if the many agencies at work are to be correlated and guided into safe constructive channels. Whether the methods employed be legislative or purely educational, intelligent, aggressive leadership, for which the physician is best qualified by training and experience, is indispensable.

Without specific mention, it may be stressed once again that issues of tremendous importance are developing and multiplying in California from day to day. The very life of the profession is in the balance. Opportunity for service is great; the need is urgent; the cause is incomparably worthy. The policy adopted by the individual physician will go far to determine the result.

947 West Eighth Street.

A. B. COOKE,
Los Angeles.

1 Lewis, P. A., and Shope, R. E.: J. Exper. Med., 54:361, 1931.
2 Shope, R. E.: *Ibid.*, 54:373, 1931; 56:575, 1932; 59:201, 1934.
3 Holman, W. L.: The Newer Knowledge of Bacteriology and Immunology, Chapter VIII, p. 103. University of Chicago Press. 1928.
4 Toomey, J. A.: Proc. Soc. Exp. Biol. and Med., 31:1015 (May), 1934.